02875

### CERTIFICATE OF DEATH

1			a	_	
-		1	X	0	
	Reg. Dist. No				

t age		os St., Baltimore 940
ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly	1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale County County  City or town (If outside fity of town limits, write RURAL and give nearest town)  Street No. (If rurai, give LOCATION)  2.(a) It veteran, name war.
of informat ses of death	3. (a) FULL NAME Peter & Aldemork  4. Sex   5. Color or race   8. (a) Single, married, widowed, or divorced  Male White Winned	3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE OF DEATH
very item e the caus	6,(b) Name of husband or wife Helen V. Ohimos C.  T. Birth date of S. (c) It alive, give age years	20. DATE OF DEATH
Supply e	deceased (mo., day, yr.) Au ( 1845)  8. AGE: Years ( Months ) Days It less than one day ( 1846)  54 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Immediate cause of death DURATION   DURATION   15 mus
NG INK.	9. Birthplace	Due to. Supply Series 3 yrs
	11. Industry or business    12. Name	Other condillons
Y, WITH	14. Maiden name un Ongron  15. Birthplace  16. Intermant Mrs Helew U, alhimote	Major findings of operations
PLEASE WRITE PLAINLY, WITH UNF is especially important.	Address John RD - Maryland  17 Berthal  (Burlal, cremation, or removal, Which?)  The standard of the standard	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
e <del>w</del> ķite	Location Radoham Mds  18. Funeral director L. Howard K. Me Cornacto	Where did injury occur?
PLEAS	Address Obugdon Maryland  18 Mar 28  19 47 Mary Morekadal  (Date rec'd by registrar)  19 Registrar	23. SIGNATURE Just 0 Hodows m.p.  M.D. or other  Address Date signed 3-25-47

MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/)

### CERTIFICATE OF DEATH

. ×/3 (12876 Reg. Dist. No. 1850

1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Myle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DE DEATH MARCH 27 19 42 21 8/5 Pm
6.(6) Name of husband or wife. Frances Jaylor (dec.)  7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.38 to March 27. 19.47.  and that I last saw h. March 201. 19.47.
8. AGE: Years Months Days 11 less than one day 2 23	Immediate cause of death DURATION DURATION
9. Birthplace Balting (Town, county, and Mee)	Oue to artenosclerotic
10. Usual occopation. Reliand Tanana	Bue to
11. Industry or husiness  E 12. Name Ruhalas Beller  E 13. Birthplace Description	Other conditions Delletes Melleten 5 year
14. Malden name Rouse 20	(Include pregnancy within 8 months of death)
14. Malden name.	Major findings of operations
16. Informant Aug. Service Cong.	Autopsy results
Address 2 4 4 4 Communication of the state o	22. VIOLENCE: t1 death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Agustua Cam.	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
Address Farrede Crace Md.	French Tela Olio & MI
19. Mar. 30 18 47 A. Lewis m. Registrar	23. SIGNATURE M. D. or other Address Laule De Javel Date signed Marely 28

Manage and state of the state o

APR 2 1947
BURFA

### CERTIFICATE OF DEATH

24	111 N. Charles St., Baltimore 33
CERT	IFICATE OF DEATH  Reg. Dist. No. 125
1. PLACE OF DEATH:  County	(If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME  MARIE E. F.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or d	MEDICAL CERTIFICATION  3/9 19 47 at /2 4.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8. AGE: Years Months Days If less than one day  50 14 83hrs.	Immediate cause of death
9. 8irthplace Af Mary S. (Town, jounty, and atate)  10. Usual occupation Assumption	
13. Birthplace Charles Ceo- my	Other conditions  Other conditions  (Include pregnancy within 3 months of death)
14. Maiden name Many Melliam  15. Birthplace M Marys Con Mis	Major findings of uperations.  Date of op.
Address Cheroley md- N.F.B	Autopsy results.  PHYSICIAN: Please underline the cause to which death abould he charged statistically.  2. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?)  Cemetery or crematory.  Date thereof. Which. (month) (da	Accident, suicide, or homicide
Location Many Cilculation To  18. Funeral director Denny Savening As  Address Durkey The	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. 3-11- 19. 47. Q. L. Leuse (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Registrar Addless Date signed 3/H/ +7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially PLEASE A15 NS

MAR 12 1947

THE REAL PROPERTY.

# MARGIN RESERVED FOR BINDING

# 9-45-15M

WRITE

PLEASE

PLAINLY, WITH UNF is especially important.

# VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

### CERTIFICATE OF DEATH

(2878 Reg. Dist. No. 1830

1	
1. PLACE OF DEATH: Here land	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Med County Hereford
City or town	State County County
(if outside city of town limits, write RORAL and give nearest town)	(If outside city or town timits, write RURAL and give nearest town)
How long in above place of beath r	(II outside city or town limits, write NUALL and give heatest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Delmer Thomas	es Bush
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white maniel	march 91, 47 700
	ZU. DATE OF DEATH
6.(b) Name of husband or wife Jurine B Bush	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(c) If alive, give age 5-9 years	19.46, 10 March 2/19.47
T. Birth date of	and that t last saw h. L.m. alive on Marth 2 1 19 47
deceased (mo., day, yr.)	Immediais cause of death Dulyman DURATION
8. AGE: Years Months Days If less than one day	1 2 2 2 2
59 7 29 hrs. min.	
escentinet Hill Harforder We	a ble a it to be a long
9. Birthplace Chestruct Hill Hunfordes M. (Town, county, and state)	Poue fa. A Carty James
10. Usual occupation of armsel	W 1 1 1 2
19. Usual occupation.	Due to
11. Industry or business	dislass.
12. Name John Elsworth Bouck	Other conditions
	Silici Congitions
	(Include pregnancy within 3 months of death)
14. Maiden name Starah Cecry, 15. Birthplace Rocks und,	Major findings of operations.
Day 11.	Major findings of operations
\$1 15. Birthplace Journey	Date of op.
16 Informant Renneth Bush	Autopsy results ASSA
Dec 11. 2008	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address fylisodle med	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Surlas Date thereof March 23 4/	Accident, suicide, or homicide
(Buriai, cremation, or removai. Which?)	Accident Salate, at the salate
Cemetery or crematory William Wretters Memorine	Where did injury occur?
The It Town trust Hell AND	
Location	Injured at home, farm, Industry, public place (where?)
martin Thurs	Means of Injury Injured at work?
18. Funeral director	(X) 1 2 1 1
Address Janettsvilles Just,	Tolianes & doll Hill.
2.70.	23. SIGNATURE M. D. or other
19 Mch 23 1947 Nomas Chrown	Address Screet Tud Date signed 3/24/47
(Date rec'd by registrar) Registrar	Address Date signed / 77/4



### 2411 N. Charles St., Baltimore (46 a)

### CERTIFICATE OF DEATH

60	2411 N. Charles	s St., Baltimore (4) ay
ect a	CERTIFICAT	E OF DEATH Rog. Dist. No. 1850
ormation carefully. The correct death clearly and legibly	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
information of death cle	3. (a) FULL NAME Lottie Eileen Carlisl	3. (b) Social Security Number
of	4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of	F W M	20. DATE OF DEATH 3/5 19.47 at /0 /
ry item the caus	8.(b) Name of husband or wife. Sensing 6 Carliele  8.(c) If alive, give age. 4 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 4 19.47, to 3 5
	7. Sirth date of deceased (mo., day, yr.)  Oct. 14, 19, 7	DIIDATADU
G INK. Supp cians: please	8. AGE: Years Months Days If less than one day hrs. min.  9. Sirthplace (Town, country and state).	Immediate cause of death  Culture Community  Oue to Classica Gareta
F.	11. Industry or business  12. Name. arrived letting  13. Birihplace Lal. KMd. Al.	Other conditions
WITH UNF	13. Birthplace  HE 14. Maiden name of the first state of the state of	(Include pregnancy within 8 months of death)  Major findings of operations. Plu could pregnant & Cool.  Date of op. 3/5/47
. 50	18. Informant Jenry & Carlile Address Bel Oair - Md.	Autopsy results
PLAINLY, is especially	17 Burnal Data thereof 3-8-47 (Burial, cremation, or removal Which? (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
TE	Cemetery or crematory	
WRITE	Location Harfind - Co Mid.	Injured at home, farm, Industry, public place (where?)
PLEASE W	18. Funeral director Madroon Milefell Address Awre de Luce Md.	to significant Middley Phillip Mi
PLE	18 March 2 18 49 a. L. Lewis M. (Date rec'd by registrar)  Registrar	. La Land Tula. Has 3/5/17

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No. No.

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02880

### CERTIFICATE OF DEATH

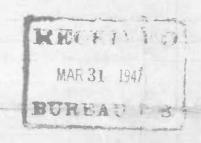
106-

/	
1. PLACE OF DEATH: Harland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Havre de Brace	State The County of Varford
(If outside city or town binits, write RURAL and give nearest town)	1/2 12 /2 /2 /2 /2
How long in above place of death? 40 cm	City or tawn (If outside city or town limits, write RURAL and give nearest town)
Handle Institution or alread address where dook accurred: //T	Street No. 2.30 M. Slakes St-
230 The Starker Street	(If rural, give LOCATION)
How long in hespital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME Y	3. (b) Social Security Number
Trances dellare	arr
4. Sex 5. Coler er race 6.(a) Single, married, widowed, er divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE OF DEATH Mar. 27 1949 21/0 - A. N
5.(b) Name of husband or wite Oliver S. Carv	21. I CERTIPT that death occurred on the date above stated; that I ettended deceased from
	lugues 1946, 10 7/20.27 194-7
	and that I last and her aliva en Mar. 26 18#3
deceased (mo., day, yr.) June 20, 1876	Immeditie cause of death
8. AGE: Yeara Months Days If less than ena day	Whatistin-Cardian
70 9 ) hrs. min	
Genn.	Due to Milital
9. Birthplace(Town, county, and state)	/1.9
10. Usual eccupation House. Dulles	To mily Days Out An
11. Industry or business	Due te Judish and he has the figure of the day has been for the state of the second
	LITTOPW.
E /	Dither conditions.
	(Include pregnancy within 3 months of death)
E 14. Malden name / Martha J. Carr	Major findings of operations.
14. Malden name Martha G. Carr. 15. Birthpiace Penn.	
Mr. Benjamin 2. Cox	Autopsy results
Address/530 W. 4 th St. W. Del.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
- dre o 10 1	22. VIOLENCE: If death was due to external causes, till in the tellowing:
17 Burial Date thereet Mar. 30, 194	Accident, suicide, or hemicide
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	
Cemetery er crematory	Whera did injury eccur?
Location Nave de Leace, VIIO.	Injured at heme, farm, Industry, public place (where?)
Madison Mitchell	Maana ef Injury tnjured at work?
18. Funeral director	(a) A mil
Address Stavrial Quace, Wid.	23. SIGNATURE XXIII VO MA
10 May . 28 10 47 a L. Lewis m. U	M. D. or other
(Date ree'd by registrar) Registra	Address & swee de Girace md Date signed 3 - 28 - 47



CERTIFICATE OF DEATH

	Togo Ditto Home
1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Many County Sarford
How long in above place of death? 2.0 424	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Near Cherleen
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
6 livered Ducy Duli	705-09-7388
4. Sex   5. Color or race   6.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
male White manuel	20, DATE DE DEATH March 23 18 47, at 10 '30
B. (b) Name of humband so wife Dallie Michael	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 29 year	man 23 19.45, 10 man 3 19.4
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause nl death Cerebral hemon hage BURATIO
49 5hrsmin	1.
will P. T. N. P	
9. Birthplace William (Tgwn, county, and state)	valcular disease
10. Usual occupation Carpentar	
11. Industry or business	Due to
	Nik
12. Name North Carolina	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mattil Malsh  15. Birthplace north Carolina	Major findings of operations
15. Birthplace north Carolina	Date of op.
16. Informant Mas Clinard Dusy Buli	Autopsy results
Address Chalaller mid O.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
n. and Con lead	Injured at home, farm, Industry, public place (where?)
11	Means of Injury Injured at work?
18. Funeral director During January Jones	0
Address Velerlein med	23. SIGNATURE 23 Jackson mp
mar. 27 47 Nellie H. Stiles	M. D. or other
(Date rec'd by registrar) Registrar	Address everblen and Date signed 3-25-4



## 9.45-15M VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02882

### CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF E	Howard	bar	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town		Air, Md. imits, Write RURAL and give nearest town)	State Md County Har tord	***************************************
How long in above pla	ace of death? 30 or street address where	years	City or town (If outside city or town limits, write RUKAL and give net  Street No. (If rural, give LOCATION)	
Now long in hospital	or institution?		2.(a) If veteran, name war	.,,,,,,,
3. (a) FULL NA	ME	eland M	Francis 3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. Narch 18 1947	10A M
6.(b) Name of husba 7. Birth date ot deceased (mo., da	a. 4	Dova G. Francis  6.(c) If alive, give age years  21-1874	21. I CERTIFY that death occurred on the date above stated; that I attended dece	9sed from 1 / 8 19 4 7 19 4 2
0. Man.	Months	Days If less than one dayhrsmin.	Pulmonary embolism	2 hours
9. Birthplace	Ashe Co.	A. C. county, and state)	Due to Cholocystectomy	
10. Usual occupatio	Farms	LY-	Due to	**
11. Industry or bush				*
12. Name	VOHNTr	an C15	Dther conditions	• • • • • • • • • • • • • • • • • • • •
13. Birthplace	N.C		(Include pregnancy within 3 months of death)	
置 14. Malden nan	ne Marth	a A Halsay	Major findings of operations Cholerystitis	
15. Birthplace	N.C		Date of op. Te	827,947
16 Information M.	cs Nina	Francis	Autopay results	/
			PHYSICIAN: Pfeace underline the cause to which death should be charged	statistically.
	Beld,	Date thereof May 21/47 (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
		Mamorial Park	Where did injury occur? (City or town) (County)	(State)
	-		Injured at home, farm, Industry, public place (where?)	
Location Bas A.V., M.S.  18. Funeral director Dean Y Foster			Meens of injury injured at work?	
			Levald C Palme	a MD
Address	Bell	en, NO.	23. SIGNATURE	
19	registrar)	Registrar	Address Bel Air Md. Date signed.	3/19/47



PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

### CERTIFICATE OF DEATH

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).
County	State Maruland County Harland
(If outside city or town limits, write RURAL and give nearest town)	City or town I have de There
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where Leath occurred:	Street No. 20903 Complexity
	(If rural, give LOCATEON)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Koger / tamelton dent	ry
4. Sex (5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White manuel	20. DATE OF DEATH. 12000 23 1977 at 76, N
14mel Clarke	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Ded 10 1945 10 March 23 1947,
7. Birth date of	and that I last saw h. Annualive on Markey 23 19 47.4.
deceased (mo., day, yr.) ///6/189/	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coturo beliani.
5-5- 4 17hrsmin.	Circlina al Sementing
8. Birthplace Charletaville /a.	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11, Industry or business	Toffmun
12. Name	Other conditions
13. Birthplace Charletonille Na.	(Include pregnancy within 3 months of death)
14. Maiden name Gestude Vaylow	
00 0+ · 0N V	Major findings of operations
15. Birthplace Chapteloville 19.	Oate of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 209 03 Comehny De H. de Teas	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burnel Date Thereof 3/27/47	Accident, suicide, or homicide
(Burial, cremation, or temoyal, Which?)	
Cemetery or crematory	Where did injury occur?
Location Myssers Fry.	Injured at home, farm, Industry, public place (where?)
18. Funeral director technical of Con	Means of Injury Injured at work?
The arms and arms	101 10/10 0-1-
Address The du de diese Mild.	23, SIGNATURE. M. D. or other
10 Mar. 2 4 19 47 U. L. Lewis no	Vi. 1/2 X/ 2/2-1
(Date rec'd by registrar) Registrar	Apress, Marchaelanicoto Characher Commenter Co

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MAR 25 1947

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1-35-

### CERTIFICATE OF DEATH

1. PLACE OF. DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	many land
(If outside city or town limits, write RURAL and give nearest town)	Alax dea se
How long in above place of death? 74 yes	City or town
Hospital, institution, or street address, where death securred:	Street No. 20 nt Royal ave
20 mt Royal ave.	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME /	3. (b) Social Security Number
Thousand & Milbert	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White morried	20. DATE OF DEATH Marce 13th 19.47 , 21. 12.30 Am
1 m. lal	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Mare 11 2 19 47 to Jack 13 19 47.
S(c) If allve, give ageyears	and that I last saw halive on Yare 134.7
7. Birth date of deceased (mo., day, yr.) July 30, 1872	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Z days
74 7	,
alord Thatfund Ca ma	a tous recorn 'layler.
9. Sirthplace (Town, coupty, and state)	Due to arterio relaciones de la companya del companya del companya de la companya
10. Usuat occupation Store Refuel	
11. Industry or business afterdem Province Graces R	Due to
	Dither conditions.
12. Name Meddeow Hilbert 13. Birthplace A beesless P. Le.D.	
	(Include pregnancy within 3 months of death)
14. Maiden name Rachel Gilbert  15. Dirthplace Predew P. L.D.	Major findings of operations.
× 15. Birthplace Oferdeen, (P. J. D.	Date of op.
16, Informant Muss. A Mary Delbert	Autopsy results
Address 20 mt Royal ave	PHYSICIAN: Please underline the canae to which death aboutd he charged statistically.
(Rusia) Male 15 10,67	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bakels Cucutary	Where did injury occur?
Alexander ma	tnjured at home, farm, Industry, public place (where?)
Location Alexander The Sign of	Meens of Injury Injured at work?
18. Funeral director Description of the state of the stat	
Address Abexaleu Ma. 100	23 SIGNATURE / Dea P. / Deauge
May 14 47 1001 21. Vile	M. D. or other
19. (Date rec'd by registrar)  Registrar	Address Therdon 1d Date signed Jan 14/4

VS A15

MAR 18 1947
BORFA

1-35

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0)

### CERTIFICATE OF DEATH

02885

Reg. Dist. No. 18

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Sarporg	(For newborn infants give residence of mother)
City or lown	State Blandard County Bashord
How long in above place of death?2.4.723	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 139 Baltimon St
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Manay Hall Millith	216-08-0028
4. Sex   5. Color or race   6.(a)Single, married, widowed, or Alvorced	MEDICAL CERTIFICATION
2. 1 21.1.7	
male White married	20. DATE OF DEATH. West 18 19.47 , at [1350- M
B, (b) Name of husband or wife Cora & me Eliene	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	MANESMAN 15 . 1846 10 March 18 18 47
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) Jewel 19 4 1892	Immediate cause of death Audmanay or Sema CouraTion
8. AGE: Years Months Days   Illess than one day	Daniel Carrier of Centre of Control (1)
54 8hrsmin.	The state of the s
9. Birthplace Bel Gir Hanford Car Wed	Due 1a. Essectial Coppliansion
10. Usual occupation Lagrenter	
	Due to.
11. Industry or business	••••••••••••••••••••••••••••••••••••••
12. Name Daniel V. Duffith	Other conditions
13. Birthplace Warford Car Fred	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
E 15. Birthplace part and Ces Wel.	Date of op.
18, Interment Mas - Coral E. Buffith	Autopsy results
Address 139 Octo. St. Cherdely rud-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: 11 death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Well Carried	Where did injury occor?
2	(City or town) (Connty) (State)
Location Emmorton Garford Go Wil	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Berry January Sons	Means of injury Injured at work?
Address Cherden rad	Lache Aus D
man 2 11 mont of will	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Salue de Mee Date signed March Y.

MAR 25 1947

E PARE

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9-45-15M

VS A15

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02886

### CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn in anter give residence of mother)
Sounty / Harry	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	
Lein O Meriena Hospital	Street No
The state of the s	2.(a) If veteran, name war
How long In hospital or Institution?	
3. (a) FULL NAME Saly Boy Gr	in Stead 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Newbon	2D, DATE OF DEATH 3/26 19.47 21 3 28 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3/26 19,47 10 3/26 19 47
7. Birth date of	and that I last saw h li- alive on 3/36
deceased (mo., day, yr.) 41102 26, 174	Immediate cause ol death
8. AGE: Years Months Days If less than one day	12
9. hrs. 50 min.	remaling 10his
Harre De hace, Hacker Mid	Due to.
9. Birthplace	55.10
10. Usual occupation. Alcula	Due to
	Due to
11. Industry or business	
12. Name a Sums was  13. Birthplace a a g	Other conditions
13. Birthplace	(Include pregnancy within 3 months of desth)
E 14. Maiden name Tuasline Johnson	Major findings ol operations
15. Birthplace A OVa.	Date of op.
J.S. Galassen	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Colora, and 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bural Date thereof Man 27 1887	Accident, sulcide, or homicide
(Burial, cremation, or removal, Which?)  Date thereof ( ponth) (pay) (\$\frac{2}{3}\text{ear})\$	
Cemetery or crematery Wist Maringham	Where did injury occur?
Location Colgra and	Injured at home, Tarm, Industry, public place (where?)
1. C. Typen	Means of Injury Injured at work?
18. Funeral director.	10 01 11 .7/12
Address / Beng Sun 17/4	23. SIGNATURE Tabley Milly MILLY
1. Mas. 28 1,47 6. L. Lewis n. S.	M. D. or/other
(Date rec'd by registrar) Registrar	Address Date signed 26.

RECEIVED

MAR 31 1947

BUREAU V B

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confet age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore

()2887 Reg. Dist. No. 1820

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Garfork	(For newborn infants give residence of mother)
City or town Sell Cir	State County . Mayork
City or town	Bil air
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Faculain open Horp.	Street No
2 4 1	
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LINDA LEE GROSS	
4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divorced	
4. Sex Single, married, widowed, or grapped	MEDICAL CERTIFICATION
Female W	20. DATE DE DEATH MARCH 18 1947 at 12:43 ALM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) 14 allus mine ama	MARCH 16 19+7 10 MARCH 18 19 47
7. Birth date of	and that I last saw her alive on MARCH 19 47
deceased (mo., day, yr.) March 8, 1947	
8. AGE: Years   Months   Days   If less that one day	Immediate cause of deafh
2hrsmin.	and the state of t
	Collectulal Weart -
9. Birtholace Harford Co. mo	Due to.
(Town, county, and state)	
1D. Usual occupation.	( Gausse from Birth)
Ty. Usual Vecupation	Due to.
11, Industry or business	V
E 12, Name UM Genry Yrons	Other conditions
	Office Conditions
	(Include pregnancy within 3 months of death)
14. Malden name gednette Gooper  15. Birthplace Sarf. Co. Ind	
ON A DAM	Major findings of operations.
= 15. Birtinplace	Date of op.
16. Informant am A. Gloss	Autopsy results
2 his red	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Sel Wing	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
17 Duydl Date thereof 3/19/7/	
(Burial, cremation, or repoval, Which?) / (mouth)/(day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lowers Lokers	Where did injury occur?
+ ~ 1. 1 B. O.1	
Location ONTOYA DO AVELLE OF	Injured at home, farm, industry, public place (where?)
A IX Commant for	Means of Injury Injured at work?
18. Funeral director	11
Address Ummad, ma	(A) ADA O D /A, DA
>1100 110 Pinion & 1	23. SIGNATURE M. D. or other
19. 3/18 1947 nicella forwood	- 11: ~
(Date rec'd by registrar) Registrar	Address FOREST HILL I d Date signed 3/18/4/



### CERTIFICATE OF DEATH

2411 7	N. Charles St., Baltimore 930
CERTIF	FICATE OF DEATH Reg. Dist. No. /83
1. PLACE OF DEATH:  County	
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	Ranking 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Shighd, married, widowed, or divorce	1 0000
8. AGE: Years Months Days If less than one day  9. Birthplace (Towo, county, and attate)  11. Industry or business 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	years and that I last saw h
13. Birthplace 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Interment Address Physician They	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: It death was due to external causes, till in the tollowing:
17	Pote at
18. Funeral director. Address Sawn Drove of	Mesns of Injury  Injured at work?  Injured at work?
19. Mch 20 1947 Thomas P. Braw	23. SIGNATURE M. D. or other Registrar Address. Della Para Date signed 3/13

MARGIN RESERVED FOR BINDING

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VS A15

M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH



02889 Reg. Dist. No. /8 \$2

State County of town I County and selected a	1. PLACE OF DEATH: Forford	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
The position of ashier place of death?    Respiration of the place of death of the place of death of the position of the place of death of the place of the place of death of th	12000	State County Transford
Street No. (If rours), give LOCATION)  3. (a) FULL NAME	How long in above place of death?	(if outside city or town mita, write RURAL and give nearest town)
Row long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex  4. Series of security of security Number  4. Sex  5. Series of security of security Number  4. Sex  6. Series of security of security Number  8. (c) Rame of busband or wife  8. (d) Rame of busband or wife  8. (d) Rame of busband or wife  9. Birthplace  1. Series of seath  9. Birthplace  1. Series of seath  9. Birthplace  1. Series of seath  1. 1. Series of seath	Hospital, Institution, or street address where death occurred:	Street No(If rural, give LOCATION)
4. Set 1. Diving race 1. Colsings, member, withweak, acclusated MEDICAL CERTIFICATION  8. (b) Name of husband or wife 2. 1. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. to 15. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. to 15. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. to 15. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. to 15. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. to 15. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. to 15. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. Instrument of death 18. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. Instrument of death 18. Instrument of death 18. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. Instrument of death 18. Instrument of death 18. Instrument of death 18. Instrument of death 18. CERTIFY that death occurred on the data above stated; that I attended deceased from 18. Instrument of death 18. CERTIFY or certification of the data above stated at which death should be charged statistically. Madeins, suicide, or homicide. The data above the death should be charged statistically. The data above the death should be charged statistically. The data above the death should be charged statistically. The data above the death should be charged statistically. The data above the death should be charged statistically. The data above the death should be charged statistically. The data above the death above the death should be charged statistically. The data above the data above the death above the data above the data above the data abov	How long in hospital or institution?	///
6.(b) Name of husband or wife.  6.(c) Name of husband or wife.  7. Birth dele of decessed (mo. day, yr.)  8. AGE: teary Months: Baye If less than one day  10. Usual occupation  11. Industry optolynings  12. Name.  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Birthplace  18. AGE: Strain  18. Informant  19. Wall occupation  19. Wall occupation  10. Usual occupation  11. Industry optolynings  12. Name.  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Birthplace  18. Informant  19. Wall occupation  10. Usual occupation  11. Industry optolynings  12. Name.  13. Birthplace  14. Maiden name  15. Birthplace  16. Wall occupation  17. Birthplace  18. Informant  19. Wall occupation  10. Usual occupation  11. Industry optolynings  12. Name.  13. Birthplace  14. Maiden name  15. Wall occupation  15. Birthplace  16. Wall occupation  17. Birthplace  18. Wall occupation  19. Wall occupation  1	3. (a) FULL NAME Walter M. Hicken	3. (b) Social Security Number 226-03-66-57
8. (b) Name of husband or wife  1. Birth date of general (mo. day, yr.)  3. Birthplace  10. Usual occupation  11. Industry or bruyingss  12. I A Maiden name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  16. Informant  17. Birthplace  18. Informant  19. Industry or bruyingss  19. Industry or bruyingss  10. Industry or bruyingss  11. Industry or bruyingss  12. I Service (mo. day)  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Birthplace  18. Informant  19. Industry or bruyingss  19. Industry or bruyingss  10. Industry or bruyingss  11. Industry or bruyingss  12. Anne. Anne	4. Sex 5. Polor grace 6.(a) Sirgle, manufact, willowed, or divorced	
S. Colf alive, give age years deceased (mo. day, yr.)  S. AGE: Yeary Months: Days If less than one day  S. Birthplace.  G. Grywa, country, agd state)  Due to.  Due to.  Due to.  Diff pergol (month) for death)  Major findings of operations.  Diff pergol (month) flowly (red)  Cometary or crymatery.  Cometary or crymate	Male Amile amgle	20. DATE OF DEATH March 19 1977, at 54 M
and that I last saw h. alive on	8.(b) Name of husband or wife	
Immediate cause of death   DUSATIDE	7. Shift dolo of years	
Second content of the content of t	deceased (mo., day, yr.)	
9. Birthplace	11/1-1/10	
10. Usual occupation.  11. Industry or Artifless  12. Name	9. 8irthpiace Cecil Co. Md.	
11. Industry or brusiness  12. Name 1  13. Birthplace  14. Malden name  15. Birthplace  15. Birthplace  16. Informant  Address  Autopsy results  PHYSICIAN: Please underline the cause tu which death should be charged statistically.  PHYSICIAN: Please underline the cause tu which death should be charged statistically.  17. Cemetery or crematory.  18. Funeral director  Address	dalabib	
Differ conditions  13. Birthplace  (Include pregnancy within 3 months of death)  Majur findings of operations  Majur findings of operations  Autopsy results  PHYSICIAN: Please underline the cause to which death about he charged statistically.  Date of op.  Autopsy results  PHYSICIAN: Please underline the cause to which death about he charged statistically.  Acceptent, suicide, or homicide.  Date of (month) (day) (year)  Cemetery or crematory.  Cocation.  18. Funeral directar.  Address  Address  Address  Address  Autopsy results.  PHYSICIAN: Please underline the cause to which death about he charged statistically.  Acceptent, suicide, or homicide.  Date of (city or town)  (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  19. Address  M. D. or other  M. D. or other  M. D. or other  M. D. or other	0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
14. Malden name   15. Birthpiace   15. Birthpiace   16. Informant   17.   18. Informant   18		
14. Malden name  15. Birthplace  16. Informant  Address  Orling  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accordent, suicide, or homicide.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accordent, suicide, or homicide.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accordent, suicide, or homicide.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accordent, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  18. Funeral director.  Address  Orling  Majur findings of operations.  Matopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accordent, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  Maddress  Ma		(Healands precompage within 2 months of death)
Address Orling Date bereof (mouth) (day) (year)  Cemetery or crematory (City or town) (County) (State)  Location County (State)  18. Funeral director (Market or town) (State)  Address Orling (State)  Address Orling (State)  19. Autopsy results.  PHYSICIAN: Please nuderline the cause tu which death should be charged statistically.  Autopsy results.  PHYSICIAN: Please nuderline the cause tu which death should be charged statistically.  Address (Gity or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?  23. SIGNATURE A County (State)  19. D. or other (State)  M. D. or other (State)	E 14. Malden nama ula Barrow	
Address Physician: Please underline the cause to which death should be charged statistically.    Physician: Date perent (month) (day) (year)	E 15. Birthplace Close Co.	
17   County   Date Derect   County	18. Informant	
Cemetery or crematory.  Location County County County (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?  Address To Orlington Means of Injury 23. Signature To Signature State State Signature Signatur	Address N Collington 1114	ENCE: If death was due to external causes, fill in the following:
Injured at home, farm, Industry, public place (where?)  18. Funeral director  Address of Ordington  Means of Injury  19. Harch 19. 4 7 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	17. Burial, occuration, or removal. Which? Date bereof (month) (day) (year)	Acordent, suicide, or homicide
18. Funeral director of Bailery  Address to arrivation of the Bailery	Gemetery or crematory.	Where did injury occur?
18. Funeral director of D. Address to Orlington Million 23. SIGNATURE A. Ling Deputy Medical Examinar 19. March 20, 18.4 M. M. Fries 23. SIGNATURE A. Ling Deputy Medical Examinar 19. D. or other 24.4	Location Control Contr	
19 March 20, 18 4 4 M. Of Fring 23. SIGNATURE TO GOVERN MAN D. Or other M. D. or other	18. Funeral director Balley	Means of Injury Injured at work?
19/Harch 1947 M. D. or other Harford Colling M. D. or other 2/6/4	Address to Winglor 1814.	23 SIGNATURE By Time Debuty Medical Examine
	19/March 1947 M. Registrar	Harford Collecty M. D. or other

WARREN OF THE BEARING OF BEALES

HITAEOLETO HITACIPITATION

RECEIVED MAR 31 1947 BUREAU V B.

2-1820-2-10



MARYLAND STATE DEPARTMENT OF HEALTH BIRTH AND DEATH CERTIFICATE OF STEED REPORT Reg. Dist. No

150 Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER: (12890)
County Harford	State North Carolina
City or town Aberdeen	County Mecklenburg
(If outside city or town limits, write RURAL and give nearest to Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give nearest town)
Station Hospital, Aberdeen Proving Groun Length of mother's stay in County. 81 months (How many years, or months, or days. SPECIFY WHI	Street No. 1910 Greene
3. Name of child	4. Date of birth 27 March 1947 Hour 4;49 P M.
5. Sex Male 6. Twin or triplet	
FATHER OF CHILD  8. Full name S/Sgt Claud E. Jeffers	MOTHER OF CHILD  12. Full maiden name. Ethel Rebecca Moore
9. Color	
11. Usual occupation Soldier	yrs. 13. Color. W 14. Age at time of this birth 26 yrs. 15. Usual occupation. Housewife
	child): (a) How many children of this mother are now living?2 ow dead?None (c) How many other children were born dead?l
<ul> <li>17. Did child die before labor? No During labor?</li> <li>18. Pregnancy, complications of None</li> </ul>	No 21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.  (2) Fetal causes Prematurity - 520 Gms
19. Labor: (a) Complications of None  (b) Induced?	(b) Maternal causes
20. (a) Was there an operation for delivery? No (Yes or No)	22. I certify to the birth of this child who was born dead*
(c) Did child die before operation? No During operation? No	(Specify if M. D., midwife, or other)
23. (a) Guncial (b) Date thereof (month) (day) (y (c) Cemetery or crematory David (alay) (y	27.7 25. (a) 28 1991 (b) (Registrar) (Registrar)
24. (a) Funeral director Many January Ho- (b) Address aller Sung 2nd	The above certificate has been examined by me.  Health Officer, per.
* See Instruction C on stub.	

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APR 3 1947

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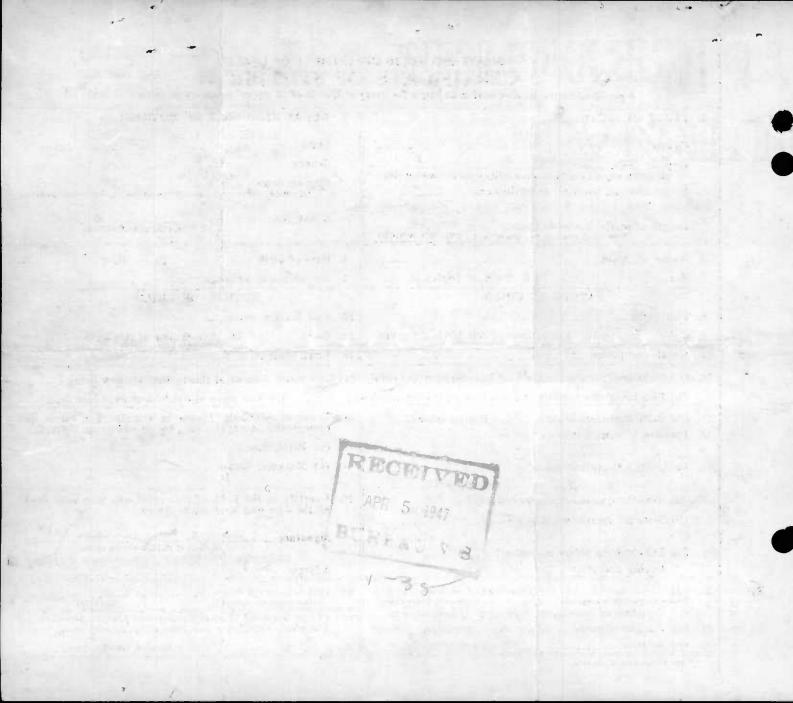
- 1481 27 H

MARYLAND	STATE	DEPARTMENT	OF	HEALTH	BLATH	ASID	DEATH
		C OF ST				Reg	Digt No

157 Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
County Harford	State North Carolina
City or town Aberdeen	State Mecklenourg
(If outside city or town limits, write RURAL and give nearest town)	Cherlatte
Street address, hospital, or institution:	City or town
Station Hospital, Aberdeen Proving Ground, 1	Start N. 1916 Greene
Length of mother's stay in County. Statement (How many years, or months, or days. SPECIFY WHICH)	Street No. (If RURAL give LOCATION)
3. Name of child.	4. Date of birth 19 Hour 4;49 P M.
5. Sex Male 6. Twin or triplet.	7. No. of weeks pregnancy 24
FATHER OF CHILD	MOTHER OF CHILD
8. Full name S/Sgt Claud E. Jeffers	12. Full maiden name Ethel Rebecca Moore
9. Color 10. Age at time of this birth yrs.	13. Color 14. Age at time of this birth yrs.
11. Usual occupation Soldier	15. Usual occupation.
<ul><li>16. Other children born to mother (not including present child)</li><li>(b) How many other children were born alive but are now de-</li></ul>	e: (a) How many children of this mother are now living?
17. Did child die before labor? No During labor? No 18. Pregnancy, complications of Rone	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.  (a) Fetal causes
19. Labor: (a) Complications of None  (b) Induced?	(b) Maternal causes
20. (a) Was there an operation for delivery?	22. I certify to the birth of this child who was born dead*
(b) State all operations, if any(Yes or No)	on the date and hour above stated.
(c) Did child die before operation?	Signature (Specify if M. D., midwife, or other) Station Hospital, Aberdeen Pr Gr, 1
23. (a) Occial (b) Date thereof (and (1) 1) (Burial, cremation or removal) (month) (day) (year) (c) Cemetery or crematory (and (1) 1) (day)	25. (a) Up. 1-47 (b) Mellie 2 Vile (Registrar)
(c) Cemetery or crematory Morel Children	
24. (a) Funeral director Many Varies More	The charge contificate has been a little
(b) Address Allessey my	The above certificate has been examined by me.



WRITE

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

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	11	Feel	0	97	
				_	-

### CERTIFICATE OF DEATH

Reg. Diat. No. 185

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	1 10.0
City or town	State County County
How long in above place of death?	City or town
How long in above place of death?	
Haifed Vren Hesp	Street No
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
martin Jorden	?
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
made While Single	20. DATE OF DEATH 3/4 19.47 21 /05 PM
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21.1 CERTIFF THAT DESIRED GO FOR DATA STREET, 10. 3.1.4. 19.4.7.
	and that I last saw halive on 3/418 4 7
7. Birth date of deceased (mo., day, yr.)	
8. AGD: Years Months Days If less than one day	A
Grow 83hrsmin.	
Machine	1
9. Birthpiace(Town, county, and atate)	Due to Alexand Carlein Aclesin
10. Usual occupation.	Jud Musal Immort
	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
E 15 Sirthplace	Major madings of operations.  Date of op.
Had Wands	Antopsy results Musel Thumbi of ht & ante & Octavio Clem
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address tase de diase, IIIA.	22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof 3/6/47	Accident, suicide, or homicide
(Burial, cremation, or reproval, Which?) (mogth) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Total Ole Chare	Injured at home, farm, Industry, public place (where?)
Les Chemister & Com	Misans of Injury tnjured at work?
18. Funeral director	1 1 1 1 1 1 1
Address / Tank at Base / 19.	23. SIGNATURE A SULLLY FULLY MA
19 March 6 18 45 a. L. Levres m. D	M. D., or other
(Date rec'd by registrar) Registrar	Address Out Veu Nosp. Date signed 77/4/



#### CERTIFICATE OF DEATH

				,	
		,	7		
-	D	 _/	V	/	

CERTIFICA:	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME  JOHN C. KAPENO	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Whale Unbrown	MEDICAL CERTIFICATION GRAVE  2D. DATE OF DEATH March 34 1947 of 7 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
9. Birthplace (Town, connty, and state)  10. Usual occupation.	Due to
12. Name	Dther conditions
14. Maiden name Use Property 15. Birthplace Use Property 15. Birthplace	Major findings of operations.  Dato of op.
Address  Date thereof. Manual	Attopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director. Savra Tarring Hong  Address  19. Mar 28 1947 Nellie Blyler  (Date rec'd by registrar)  (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?)  Means of injury  1 Injured at work?  23. SIGNATURE  Address Abandus Date signed 3/28/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY

#### CERTIFICATE OF DEATH

Reg. Diat. No. 185-

1. PLACE OF BEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
juanita Christine	Kaurie -
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Ringle	MEDICAL CERTIFICATION  3-/6  20. Date of Death 3:36F
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	3-18- 19.46, to 3-16 19.47  20d that I last saw h. 2 all ve on 3-12 19.47
deceased (mo., day, yr.) (Lot. 6 - 1940	Immediale cause of death
8. AGE: Years Months Days If less than one day	Jacon on
9. Birthplace (Town, county, and state)	Due la Cura Contra Jungame raport
1D. Usual occupation.	Due to.
11. Industry or business	DUCTO
12. Name	Diher conditions.
	(include pregnancy within 3 months of death)
14. Maiden name Manual Talland	Major findings of operations
∑ 15. Birthplace	
16. Informant	Autopsy results
Address 17 Bate thereof (monty (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory Aurage Greeks	Whers did Injury occur?
Location Leven level Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Personal d	Mssns of Injury Injured at work?
Address Have de Riese Md.	6. L. Junion
19. May. 18 19 45 a. Lewis m. (Date ree'd by registrar) Registrar	231 SIGNATURE M. D. or other 4  Address Hand Loe Brune Date signed 3-18-4

MAR 21 1147

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

#### CERTIFICATE OF DEATH

		1001
Reg.	Dist.	No. Town

1		
1	1. PLACE OF DEATH: County Sarford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
/	Cliy or town	State County County
	How long in above place of death?	City or town (If outside city or town limits write RURAL and give nearest town)
-	Hospital, Institution, or street address where death occurred:  Hospital Charlescent Home	Street No.
1	1 harati.	(If rural, give LOCATION) 2.(a) If veteran, name war
	How long in hospital or institution?	
	3. (a) FULL NAME mary alice Le	3. (b) Social Security Number
	4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Female white widowed	20. DATE OF DEATH March 29 1947, at 8:00
	6.(b) Name of husband or wife 47. Curk Q. Ju	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	7. Birth date of Section 1. Secti	and that I last saw here alive on march 28 1947
	deceased (mo., day, yr.) / / lucy 5 t 0 U	Immediate cause of death
	8. AGE: Years   Months   Days   If less than one day   S 5   VO 2 2 6  min.	Colonary occlusion 30 min
	9. Birthplace Hofferd County Maryland (Town, county, and state)	Due to
	10. Usual occupation	Due to.
	11. Industry or business	
	12. Name William J. Hamilton  13. Birthplace Maryland	Other conditions I alan meumous 5 da.
	El Soul Stand	(Include pregnancy within 3 months of death)
	E 14. Maiden name	Major findings of operations
	15. Birthplace manyland	Date of op.
	16. Interment of auxille Lee	Autopsy results
	Address Oltrugdon Min	
	Burel Date thereof apr 1 1941	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
	(Burial, cremation, or removal, Which?) (Month) (day) (year)	
	Cemetery or crematory A Runium Ourston	Where did injury occur?
	Location Dept CD. The State of the Control of the C	Injured at home, farm, industry, public place (where?)
	18. Funeral Wirector, Howard K. McComastson	Meens of Injury Injured at work?
	Address aburgdon maryland	23. SIGNATURE Wellard P. Kulson
	19. 4/3 (b/fo rec'd by registrar) 19.47 Oiseella Truvovil Registrar	Address Falst Well Me Date signed 3/29/45

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

rrect age

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-6

02895

## CERTIFICATE OF DEATH

eg. Diat. No. /83

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Fred Lewise	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. MUNCL 18 19.47, at 1.45 P. M.
8.(b) Name of husband or wife Scales	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 47. to March 17. 19. 47.  and that I last saw h
12. Name Not Ruowe  13. Birthplace  14. Maiden name Austria Jawie  15. Birthplace ash co MC.  16. Informant Thomas to Terrois  Address Baldwin Rs Md	Other conditions
17. Deviced  (Burial, cremation, or removal, Which?)  Cemetery or crematory Whytery X Rousla Baffing  Location Anddown RD mid-  18. Funeral director Marchael Strucks  Address Arrestaville Jud.  19. Mach 20' 1947 Chomas R. Brown  Registrary	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide



189

EATH	Reg. Diat. No.
ESIDENCE (HOME)	OF DECEASED:
11 1	County Harford
Thingson	0
(If outside on or town lin	nits, write RURAL and give nearest town)

MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: That I attended deceased from 1946 10 March 8

DURATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(County) (State)

Injured at work?

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MAR 12 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County #40 Ford	(For newborn infants give residence of mother)		
City or town	Stale County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ella Mc Connell			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Famale Wh UNKNOWN	20. DATE DE DEATH March 15 1947, 21 / 100 A. M		
8.6) Name of husband or wife Jahn Mic Connell	21. I CERTIFY that death occurred on the date above stated; That I attended deceased from		
6.(0) Name of husband or wife	Jan 7 1947 10 Mar 15 1947		
7. Birth date of	and that I last saw her alive on march 14 1947		
deceased (mo., day, yr.) Dec 3 1861	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Chr. Myotardeas Dusiani 5400		
85 3 /2min.			
Frenchtaus W.S.			
9. Birthplace Frenchtown (Town, county, and state)	Due to.		
10. Usual occupation	Due to.		
11. Industry or business			
12. Name Gabriel Slater  13. Birthplace N.	Other conditions Esseulal Hyperleusery		
	(Include pregnancy within 3 months of death)		
14. Malden name			
N 15 Richniace	Major fiadings of operations		
= CIOS KISIET IN CIC	Autopsy results.		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: It death was due to external causes, fill in the following;		
17. B U T 1 2 1 Date thereof M2.T.Ch. 18. (7.4.7. (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory Frenchtary n	Where did injury occur?		
2	Injured at home, tarm, industry, public place (where?)		
0 1 4	Means of Injury Injured at work?		
18. Funeral director Usam Y Foster			
Address Relay Mad	23 SIGNATURE (1) ellard P. Hudson		
3/14 49 Privilla torumad	M. D. or other		
(Date jec'd by registrar)  Registrar	Address 7 West Well, Md Date signed 3/15/4		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 18 1947

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he correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-2

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bg.	Diat.	No. 185

#### CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County Lewes			RD.	(For newborn infants give reaidence of mother)		
Cily or lown (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	State County County		
				City or town. (If outside city or town limits	s, write RURAL and give nearest town)	
Hospital, institution, or					00	
			-0	Street No. (Ifrural, give	LOCATION	
How long in hospital or				2,(a) If veteran, name war		
3. (a) FULL NAME			0		3.(b) Social Security Number	
J. (G) 1 0 11 11 11 11 11		Geo	rge me Jo	uiu	213-30-3743	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
M	C		S	20. DATE OF DEATH. 3/4	1947 21 300 A N	
B.(b) Name of husband	or wife	-	-	21. I CERTIFY that death occurred on the data abo		
				5/319.	47, to 3/4 19 47	
7. Birth date of		5.(0	c) If alive, give ageyears	aed that I last saw h	18 47	
deceased (mo., day, y	n) about	4	6 m. 1900	Immediate cause of death		
8. AGE: Years	Months	Days	it less than one day		unic and 12hr	
luhum			hrsmin.	Rulinay Ed	eno	
6	Inhonor	Ma.		Ove to Ruplined Ha		
9. Birthpiace	(Toma,	county, and	state)	and Pertine		
10. Usuat occupation	raso	w		Que to.	***************************************	
11. Industry or business	3			325 (3		
ex	Unks	2020	70	Other conditions.		
12. Name	2	•	***************************************	Uther conditions		
13. Birthplace	. 1			(Include pregnancy within 3	months of death)	
14. Maiden name 15. Birthplace		**************		Major findings of operations Rupli	med wicers +	
S 15. Birthplace	61	0			02te of op. 3/0/47	
N.	an m	C	-0	1/1 of the	sti- ulcus	
16. Informant.	9-150	0 71		PHYSICIAN: Please ooderline the cause to w		
Address	141	1 40	ala liane	22. VIOLENCE: If death was due to external car	uses, fill in the following;	
(Burial, cremation	, or remy al. Which?)	Oate there	eof(moyth) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	1111	me		Whera did injury occur?(City or town)	(County) (State)	
16	se de	Lead		Injured at home, farm, industry, public place (w		
Location	D	4	(D.)	Means of injury	injured at work?	
18. Funeral director				1 1	01.00.	
Address Ha	ve de	the,	ee, T	23./ SIGNATURE MUSILLY	fellen me	
march	6 .47	4.	L. Temis m.	Jan Signature	M. D. or other	
(Date rec'd by re	9 19 4 / gistrar)		Registrar	address find I Nom 14	Date signed 3/5 / 1-7	



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2411 N. Charles St., Baltimore 93

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 1830

41		
	1. PLACE OF DEATH: Harface	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
ł	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
١	Hospital, Institution, or street address where death occurred:	Street No.
1		(If rural, give LOCATION)
1	How long In hospital or institution?	2.(a) It veteran, name war
	3. (a) FULL NAME Lillian C, Would	Eligan 3. (b) Social Security Number
	4. Sex 5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Finale white married	20. DATE OF DEATH Drack 29 1947 at 420
	8.(b) Name of husband or wite College C Jumilley an	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
1	6.(c) It alive, give age 4. Z. years	19 70 10 10 10 11 19 T
1	7. Birth date of deceased (mo., day, yr.) Flet 7 1901	and that I last saw harmalive on 19
	8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION SUS
	46 1 22nrsmln.	Chr Blonchial aselina 1292
	9. Birthplace Edgewood Hufades )ud.	Due to
	10. Usual occupation. House wefe	8.4
	11. Industry or business)	Due 10
	12. Name Sauford Destrow	Dther conditions
	2 13. Birthplace Tuckegan	(Include pregnancy within 3 months of death)
	14. Maiden name Jana E Singfille 15. Birthplace Gol Cein rickl.	(Include pregnancy within 3 months of death)  Major findings of operations
	15. Birtholace Bol Cen Juck!	Date of op.
į	16. Intermant sellen e mulley au	Autopsy results
	Address Nocka mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Rendal Och 1 1947	22. VIOLENCE: tf death was due to external causes, fill in the following:
	(Burial, eremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory willers ween.	Whers did injury occur? (City or town) (County) (State)
	Location Cooplower Hayand to my	tnjured at home, farm, Industry, public place (where?)
	rounting & sucha	Msans of Injury trijured at work?
	18. Funeral director Assertavelle Siele	(1), 10 and P. Landron
	Defi 1947 Thomas P. Brown	23. SIGNATURE M. D. or other M. O. o
	TORRETTE IN TEMPSIES.	and the state of t

107 5 1047 3 0 R 8 10 8 . ADING INK. Supply every item of information carefully. T Physicians: please write the causes of death clearly and legi

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 1850

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. county Warfard
City or town. (If outside city or town limits, write RURAL and give nearest town)	Nawad Grad
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street audiess where death desired	Street No. 406 No. Usuan Cine
406 Tho Muson ( We	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Wary Consult (	Reverse 3. (b) Social Security Number
4. Sex   5. Color or race   7.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W. Married	20. DATE DE DEATH. 1821-13 1947 21/3 T.
Less O Cevens	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife Cook 4.	Sept 1846, 10 Mar. 13 194)
7. Birth date of	and that I last sawher alive on Mar. 13 184)
deceased (mo., day, yr.) July 7/1 /882	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate Chase at death
64 7 20hrsmin.	
Cerila.	Due to
9. Birlhplace	DUE TO.
10. Usual occupation Name Dulico	
1	Due to
11. Industry or business	
12. Name 2000 Control 13. Birthplace 711 d.	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name Lank.	
6 9/1/	Major findings of aperations.
E 15. Birthplace	Date of op
16. intermant Lesce G. Cecters	Autopsy results
Address Havre de Grace Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busial Man 16/94	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or remoyal, Which?)  Date thereof (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory Takewell	Where did injury occur? (City or town) (County) (State)
Location Cecillo, and	Injured al home, farm, industry, public place (where?)
Tomadia Mitabell	Msans of injury Injured at work?
18. Funeral director	60 ( )
Address Havrial Scial Ma.	23. SIGNATURE (5. J. Juno
mar. 15 19 47 a. L. Tours no. S	H. D. or other



2411 N. Charles St., Baltimore 53

# CERTIFICATE OF DEATH

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NG	of
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C. Supply please wri

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Address

3//5-(Date /cc'd by registrar)

1. PLACE OF DEATH Greet 2. USUAL RESIDENCE (HOME) OF DECEASED: Sta city or town limits, write RURAL and give nearest town) How long in hospital or institution? 3. (a) FULL NAME John W Peterson 5. Color or race 4. Sex 2D 21. 7. Birth date of Mar 23-1864 deceased (mo., day, yr.) If less than one day 8. AGE: 10. Usual occupation. Due 11. Industry or business 13. Birthplace 14. Maiden name. 15. Birtholace An PH Address 22 Acc

(For newborn infants give res	idence of mother)		
State Maryland	County	Harford	
City or town	+ H.11	RURAL and give ne	
(II outside city or to	own limits, write	RUKAL and give ne	arest town)
Street No	ural, give LOCAT	non.	
2.(a) If veteran, name war			
2.(6) II reterall, liante war			
	3. (	b) Social Security	Number
MEDIC	CAL CERTI	FICATION	
20, DATE OF DEATH March ]	4	19.4.7	
21. I CERTIFY that death occurred on th	ne date above state	d; that I attended dece	ased from
June	19.46	to March	19.4.7
and that I last saw h imalive on .			
Immediate cause of death. Bron	ich pneu	ımonia	DURATION
	****************************		***
		••••••	
Due to Carcinoma of	face	****	•
Due to			
			1
Other conditions			
(Include pregnancy	within 3 months	of death)	
Major findings of operations			
***************************************	***************************************	Date of op	
Antopsy results			
PHYSICIAN: Please underline the co			statistically.
22. VIOLENCE: If death was due to e			
Accident, suicide, or homicide		Date of	
Where did injury occur?(City	or town)	(County)	(State)
injured at home, farm, industry, public	place (where?) .		•••••
Maens of injury		injured at work?	
23. SIGNATURE Policy	fa.I	Berthel	MD.
Fant	11. M	М. В.	or other 3/14/47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

# CERTIFICATE OF DEATH

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	reg. Distriction
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
	Z.(W) IT reterent mance was
a. (a) FULL NAME annie a. Prestow	3. (b) Social Security Number
Lewale Chute Color of Face (6.(a) Single, married, widowed, or divorced Color	MEDICAL CERTIFICATION  20. DATE OF DEATH. 99.47 at // : 40.Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.444, to 977 as 6 19.47
7. Birth date of deceased (mo., day, yr.) august 27, 1861	and that I last saw h a live on Man (s. 19.47) Immediate cause of death Condian Failure DURATION
8. AGE: Years Months / Days If less than one day	
9. Birthpiace Gallinge Garage Walto Co., Md. (Town, county, and state)	Due to Coronary heart diseas.
10. Usual occupation	Due to.
12. Name Il leodore Gerhardt  13. Birtholace Germany	Other conditions
14. Malden name Unknotou	(Include pregnancy within 3 months of death)  Major fludings of operatious.
S 15. Birthglace — Texnacy	Date of op.
16. Interment Miss Rydia Preston	Autopsy results
Address 17 Ducial Date thereof Male 9 1947	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory	Where did injury occur?
Location Devalue Jarren a X Sough	Injured at home, farm, Industry, public place (where?)
Address & Berdeen M. M	Ses gartin mo
19. May - 8 1947 Melle H- Liley (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other  Address abendlen M. D. or other  Date signed 3-7-47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85-0)

### CERTIFICATE OF DEATH

1. PLACE OF DEAT	H: ford			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Havre de Grace				State Maryland County Cecil
City or town. Havre de Grace (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	
How long in above place of death? Two Days Hospital, institution, or street address where death occurred:				City or town
Macalial Incidentian or etr	oot addrose Whoro d	leath occurred	Hospital	Street No
How long in hospital or ins	stitution? Tv	vo Dar	78	2.(a) If veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
	minicco	Rapp	oselli	
	. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	Italian	M	arried	2D. DATE DE DEATH 10 March 19.4. 1. 21 6 4
1	A	-74	Pannagalli	21. I CERIFY that death occurred on the date above stated; that I ettended deceased from
6.(b) Name of husband or	wife Ang	elina	Rapposelli	21. I CERTIFY that death occurred on the date above stated; that I extended deceased from
		6,(	e) If alive, give age	and that I last saw h. 8. 304 alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.)	Augus			Immediate cause of death
8. AGE: Years	Months	Days	If less than one day	immediate cause of death.
71	7	5	hrsmin.	
a Richholace Italy				Due to Cerebral Hemankara
9. Birthplace	(Town,	county, and	tate)	1 R. mille menin a Venta
1D. Usual occupation	Labor	er		Bue to
11. industry or husiness	P.R.R	. R	etired	
	erafino	Rapp	oselli	Other conditions
12. Name S	Ita			
	Rita Ci		sto	(Include pregnancy within 3 months of death)
14. Malden name 15. 8irthplace	• • • • • • • • • • • • • • • • • • • •			Major findings of operations
	Ita			Date of op
16, Informant Yol	a Rappo	selli	Notarcola	Antopsy results.
Address P	erryvil	le. M	aryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
				22. VIOLENCE: If death was due to external causes, fill in the following:
17 Buria (Burial, cremation, or	removal, Which?)		eof March 13,1947	
Cemetery or crematory.	Mt.	Erin	***************************************	Where did injury occur? (City or town) (County) (State)
	vre de			Injured at home, farm, Industry, public place (where?)
Vila Pattingen/& San				Meens of Injury Injured at work?
18. Funeral director%	www.v	MAN	26.	(h) (1 )
Address	Perryvi	lle,	Md.	23. SIGNATURE // H Dadowst MD
. 3-12	19 4 7	a	. L. Leuro M. O.	M, D, or other
(Date rec'd by regis	trar)	k	Registrar	Address. Date signat

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

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CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in above place of death?	City or town (If outside city or town limits write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME  4. Sox 5. Color or rage 6. (a) Single, married, without 0. Of discrete	Ray.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION
8.(b) Name of husband or wife.  1. Birth date of deceased (mo., day, yr.)  1. Birth date of deceased (mo., day, yr.)  1. Birth date of deceased (mo., day, yr.)	and that I last saw harm allve oo
8. AGE: Years Months Bays It less than one day  2 22hrsmit	Browniel frames (leg
9. Birthplace	Due to.
11. Industry or business & none  12. Name	Other conditions.
14. Matten name. Wilkes Co M.C.	(Include pregnancy within 2 months of death)  Major findings of operations.
16. (atormant	Autopsy results
Address  17 Burial, cremation, or removal. Whichi)  Date thereof (mongth) (day) (year)	McIdent, sulcide, or homicide
Cemetery or crematory Beaver Creek Com	A. Where did injury occur?
Location Wast Defferson. R.D. n.C.	Injured at home, farm, industry, public place (where?)
18. Funeral director Fut P Harbiros	Means of Injury Injured at work?
March 18 19 47 M. V. Kirle (Date rec'd by regisfrar)  Registra	23. SIGNATURE M. D. or other  Address Date signed 3/8/42

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

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CERTIFICA	TE OF DEATH  Reg. Diat. No. /8 5
1. PLACE OF DEATH: Jarford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
City or town Havida Clade (If outside city or town limits, write RURAL and give nearest town)	State Country Country
How long in above place of death?  Hospital, institution, or group address where death occurred:	City or town. (If outside-gity or town limits, write RUKAL and give nearest town)
Harford Mumorias I freguen	(If rural, give LOCATION)
How long/in hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME William Franklin	Hogers 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH March 1947 at 4 - 0. M
8. (b) Name of husband or wife Mary Jane Mitchell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4. 10. 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
T. Birth date of	and that I last saw h and alive on 1941
deceased (mo., day, yr.) Am. 13, 1869	Immediate cause of death My platenging DURATION
8. AGE: Years Months Days It less than one day	Cereby valenta, distant 5 y Eaus.
9. Birthplace Jarfand Co. Md.	Due to
10. Usual occupation. Black Smith	Due to.
11. Industry or business	
12. Name Salmon V. Nogers  13. Birthplace Md.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name & oliska Wilfes  15. Birthplace  M	Major findings of operations.
15. Birthplace Md.	
16. Interment Mrs. 6 deth trage	Autopsy results
Address aberdeen, What.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Mar. 4 /94)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Whers did injury occur?
Location ateracian ma.	Injured at home, tarm, Industry, public place (where?)  Means at Injury Injured at work?
18. Funeral director To A dissan Puschell	Means of Injury Injured at work?
Address / Lavre de Grace, Ing.	SIGNATURE 43 Jastian mo
19. Murch 4 19. 47 a. Lewis Megistra) (Date rec'd by registrar) Registra	1. Olie Plan ml 3-2, 110



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Reg.	Diat.	No	/	Y	2

#### CERTIFICATE OF DEATH

1	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town leading tow Rural	State Maryland County Atrifold
(If outside city of town limits, write RURAL and give nearest town)	Gity or town to arling ton. Burge
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospinal monatori	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Paula V. E. Schuermann	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DF DEATH March 21 19.47 at 5:30a
6.(6) Name of husband or wife William Schuermann	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 19 43, 10 March 19 47
7. Birth date of	and that I last saw h . 2 allve on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
85 5 11 hrs. min.	72 1
Access the second	Turmay rain 9 790
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Houseworfe	Disease
11. Industry or business	Due to
	AL
12. Name UN CNOWN  13. Birthplace	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name UNCUM 15. Birthplace	Major findings of operations.
₹ 15. 8irthplace	Date of op
18, Informant / Wis William Schuermann	Autopsy results
Address Marlington L.D. Mix	
17 Coremative Date thereof Men 21, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location 1500 Location Man	injured at home, farm, Industry, public place (where?)
18. Funeral director Howard II. Me Comester	Means of Injury Injured at work?
Address abugden maryland.	O Talde Hoke ha
24-21 24 42 ma 21 7 16	23. SIGNATURE My D for other
(Date rec'd by registrar)	Address lew clevel More signed Man of 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 93-0

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#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
county Harfor a	
1 1 1	State Mayland County Horford
(If outside city or town limits, write RURAL and give nearest town)	City or town aberdeen K. D.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Horry Elden Sheridan	
4. Sex   5. Olor or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white widowed	20, DATE OF DEATH MAL 17 1947, at 7.53 P. M
1. Lattie D. Mal.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife / Talle , Manager	Oct 1939 10 March 1847
7. Birth date of 7. Bir	and that I last saw h was allve on March 10 19 47
deceased (mo., day, yr.) Sept. 25, 1874.	Immediate cause of death
8. AGE: Years   Month   Days   It less than one day	Immediate Cause of death
72 3 22 hrs. min.	acuto Vulunery Oderna -
	aace vacamery one
9. Birthplace Hough a Comma	Due to.
(Town, county, and state)	arterior- Schoolic CV Durante pyro
10. Usual occupation. Tarvius	Due to
11. Industry or business	
	Hyperturblied prolate
12. Name. Aur. Sheridaer  13. Birthplace Harford les und	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mays Katherine James  15. Birthplace / Or Lend les Mid	
1 1 1 to G1. 1.	Major findings of operations.
El 15. Birthplace / Tor Lad	Date of op.
16. Informant & anie E Sheridau	Autopsy results.
Address aberdeen R.D. Wil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
(Burnal, cremation, or removal. Which (Burnal, Cas)	
Cemetery or crematery	Where did injury occur?
location Churchrille maryland	Injured at home, farm, Industry, public place (where?)
Housed I McConnerson	Means of Injury Injured at work?
18. Funeral director	
Address (Wurgdon Maryland	1 Telph Hokes bu
8/011 40 P. 11 P.	23. SIGNATURE. M. D. or other
19. (Data rec'd by registrar) Registrar	Address Chur chorles my Date signed March 19

MAR 25 1947
BUREAU V &

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

2411 N.	Charles St., Baltimore (144)
CERTIFI	CATE OF DEATH Reg. Diat. No. 185
County  City or town.  (If outside city or town limits, write RURAL and give nearest town How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2. (a) If veteran, name war
3. (a) FULL NAME Eller	Swith 3.(b) Social Security Number
4. Sex  5. Color or race 6.(a) Single, married, widowed, or divorced  Limite  White Character  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH. 20. 19.47. at 4:1.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	years and that I last saw h
9. Birthplace (Town, county, and state)	Due to According
11. Industry or business  12. Name	Other conditions  (Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.  Date of op.
Address  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory.	Where did injury occur? (City or town) (Connection (State)
18. Funeral director Address A	Meens of Injury Walked into Walnured at work?
19. (Datefee'd by registrar) 19 47 A. X. Zemis Re	agistrar Address Obelden 200 Date signed 4

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# VS A15

(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

Reg. Diat. No.....

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother);
County Day of the County	State Maschand County Harrow
City or town (If outside city or town limits, write RUKAL and give hearest town)	Falls ton
How long in above place of death?	(If outside city or town limits, write RUMAL and give nearest town)
nuspilal, ilistration, of street address while destributions	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Theodore oulies	Sterkel 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mi is not for	2D. DATE DF DEATH 100 2011 21 19.451, at 3,15 M
6.(b) Name of husband or wife New Min that	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	111-10 A Che -1 11/10
7. Birth date of deceased (mo., day, yr.) . Sept 30 / 854	and that flast saw h
8. AGE: Years   Month   Days   If less than one day	Immediate cause of death Thousand of well Baby
/2  hrsmin.	- Thomas
9. Birthplace	Due to
10. Usual occupation. / Letter 1	Due to
11. Industry or business /	A supplied the supplied to the
12. Name Lexist 4 Tlengel  13. Birthplace	Other condition orally scenario 5 7th
X 13. Birthplace Dumany	(Include pregrancy within 3 months of death)
14. Maiden name. Wedgelman	Major findings of operations
14. Malden name	Date of op.
16. Informant Mes Clause Stempel	Autopay results
Address Fixelisting And	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Poures Date thereof 3-24-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (bronth) (day) (year)	Accident strong of the strong
Cemetery or crematory	Where did injury occur?
Location Add Company of the Location of the Lo	Injured at home, farm, Industry, public place (where?)
18. Funeral director demand the state of the	Means of Injury Injured at work?
Address 5305 Herford Rd.	23 SIGNATURE DASS TO SULLANDE SULAD
" Mar 22 " 471 a.W. Hedrich	M. D. or other

2411 N. Cha	arles St., Baltimore 92-6
CERTIFICA	ATE OF DEATH Reg. Dist. No. 1830
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cliy or town	State County Cou
How long in above place of death?	(If outside city or town limits, write RÜRAL and give bearest town)  Streel No
How long In hospilal or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex   500 or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Singly	20. DATE OF DEATH. 22 21.4.
6.(b) Name of Husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 3 4 19 47, to 19 19
7. Birth date of deceased (mo., day, yr.) Class 14 /8 78	and that I last saw h. 1. M. alive on
8. AGE: Years Months Days if less than one day	Valvular heart disease, 10
9. Birthpiace 1 de (Town, county, and state)	But decompensation
10. Usual occupation.	Due to.
11. Industry or business	
12. Name to the process	(Include pregnancy within 3 months of death)
14. Malden name Marketh Purify 15. Birthplace Arthur	(Include pregnancy within 3 months of death)  Major findings of operations
\$ 15. Birthplace for for	Date of op.
16. Informant Twaterus Song	Antopsy results
Address Norwall Buy H. 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Location Danselle 2016	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injury Injury
Address Farm Shore Da	_ 23. SIGNATURE. Cland. Smith
m.1 11" " " PB. 21	M. D. or other

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PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

#### CERTIFICATE OF DEATH

(12911 Reg. Dist. No. 1820

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sounty In aufface	State Mada County Ballinesses
City or fown. (If outside city or town limits, write RURAL and give nearest town)	
Hew long in above place of death? 3 days	City or town
Mospilal, Institution, or street address where death occurred:	Street No
form of James cly	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Seretta drene Wade	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T. W. Dugle	20. DATE OF DEATH March 19.4. 7. 35 A.M.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
\$ (A) If all you also aga years	19 19
7. Birth date of	and that I last saw h
dsceased (mo., day, yr.)  8. AGE: Years   Months   Oays   If less than one day	Immediate cause of death
2 13hrs	Malsutrilion
Gal Co mutte Carelined	Due to
(Town, county)	
10. Usual occupation	Due fo
11. Industry or business	
12. Name Deorgid Wade  13. Birthplace West Visinia	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ruhy Cyr.  15. Birthplace God G. Math Carobase	
S 15 Stathalana GaD G Watt Core	Majur findings of uperatious
2) 15. Biringiace	Date of op.
16. Informant Care Care Care Care Care Care Care Care	Autopsy results
Address Cockeysoulle, Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Busil Dale thereof May 4 1947	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  Dale thereof	
Cemelery or crematory	Where did injury occur?
Location Janofen M. Blooks	Injured et home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured of work?
Address	Gottania, U.D.
Blaker Print to and	23. SIGNATURE
19. The Indiana Indian	Address Oberdeen mile Bate signed 3/1/47



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# PLEASE WRITE PLAINL

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Hew long in above place of death?  Hospital, institution, go street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME   County  Address where death occurred:  Address where death occurred:  Address where death occurred:  Address where death occurred:  Washington and the county of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
temal white	20. DATE OF DEATH. 3/22 19 47.	. 11P. w
	21. I CERTIFY that death occurred on the date above stated; that I aftended decease	d from
8.(b) Name of husband or wife	3/22 19.47, 10.3/2-2	-
p	and that I last saw h. All alive on 2/22	117
7. Birth date of deceased (mo., day, yr.) March 22, 1947.	in the second se	DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18600
9. Birfhplace Lawre We Snall Harfuells. A  10. Usual occupation.	Moue to.	
	Due fo	·,····
11. Industry or business 1  12. Name Cheefer U. Wasiles ki  13. Birtholace Wilher Barre, Pa	Other conditions	
× Nolan, 10 IN Lite	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations	
₹ 15. Birthplace Cercyville, Mill	Date of op	
16. Informant	Actapsy resolts	tistically.
Address  17. Date thereof Mark 23 47. (Burial, cremation, or removal. Which?)  Date thereof Mark 23 47.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Chandiful	Where did injury occur?	State)
Location Irrigaly is turned with	injured at home, farm, industry, public place (where?)	
18. Funeral director Kula Patturan 4 Son	Meens of Injury Injured at work?	1
Address Cerry ville, mg.	Q3. SIGNATURE Willy thelly	m
Drav. 23 19 43 A. L. Vemis W. (Date rec'd by registrar)	Address leifud from Hof Date signed	23/47

MAR 25 1947

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#### 2411 N. Charles St., Baltimore 46-

#### CERTIFICATE OF DEATH

(12913 P Reg. Diat. No. 180

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
City or town	State M. County Hanford
How long in above place of death?	City or iown (If potajde city or toyn limits, write RURAL and give nearest town)
How long in above place of death.  Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Enemal Elizaheth . T.	Sack Wolf 3. (b) Social Security Number
4. Sox 5. Color or race 6.(a) Single, married Milowed, or divorced	MEDICAL CERTIFICATION
Lucele While Married	20, DATE OF DEATH / LARCL 2 19 417 21 1145 AM
6.(b) Name of husband or wife D Sluar Webb	24. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(g) If alive, give ageyears	19 4 5 10 de la 19 4 19 4 19 4 19 4 19 4 19 4 19 4 19
7. Birth date of Call - Loke Lace 1. Chy	and that I last saw had alive on 19.
8. AGE: Years Months Day's Viess than one day	Con gestive Heart 3 MDS
70 0 2nrs. min.	falline
9. Birthplace Stunton Va (Town, county, and state)	Due to Harenonia 1/2 yrs.
10. Usual occupation	J. W. W.
11. Industry or business	Due to
12. Name John Blogs	Dther conditions
13. Birthplace Vulley	(Include pregnancy within 3 months of death)
14. Maiden name Fuhruf Jorthuse  15. Birthplace Viijiniel	Msjor fiadings of operations
El 15. Birthplace	Date of op.
16. Informant M. D. Webb (hulband)	Autopsy results
Address Jospa Mis	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Sleinton-Va	Injured at home, farm, Industry, public place (where?)
18. Funeral director Stewart Momento.	Means of Injury Injured at work?
Address 108WWorth-Balloma (	Costerat Julison, men
19. March 4. 19 47 a. W. Jeelist	23. SIGNATURE: M. D. or other  M. D. or other  M. D. or other  M. D. or other
TUNE PEC (I DV PEPISTRE)	ADDIESS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICAT	E OF DEATH Reg. D	ist. No. /86-
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED (For payed) for infants give residence of mother)	00
County	~ 001	State Maryland County Va	rspra
(If outside city or town limits, write RUE	AL and give nearest town)	Alaure in 1	Jx 198/
How long in above place of death?	<i>P</i> .	(If outside city or town limits, write RURAL	and give nearest town)
Hospital, institution, or street address where death occurred:		Street No. 414 M. Star	seo
		(If rural, give LOCATION)	
How long in hospital or testitulion?		2.(a) If veteran, name war	
3. (a) FULL NAME	11/1	felaske) 3. (b) Soci	al Security Number
4. Sex 5. Color or race 6.(a) Single, m	narried, widowed, or divorced	MEDICAL CERTIFICA	TION 47
Lunder MV to 11/	il and	Ma. 127	20 111
Jeman som mo	many -	20. DATE OF DEATH	19./ at/./
A 6.(b) Name of husband or wife W. Mary	A Whilelolk	21. I CERTIFY that death occurred on the date above stated; that I	attended deceased from
	4 - tr 1	11000 1946,104	2 Car 2/19
7. Birth date of	f ailve, give ageyears	and that I last saw h. alive on	V 27 / 19.7
deceased (mo., day, yr.)	0, 1007.	Immediate cause pf death	DURATIO
8. AGE: Years Months Days	It less than one day	Cutino Jelus	
62	hrs,min.	1 Sul ratingen	
Andil An	MIN.	. Ille Tomas Alex	-25
9. Birthplace	te)	Due to.	
10. Usual occupation Natural M	rile		
IB. Osbat Occupation		Due to	
10. Usual occupation (Town, county, and state of the stat	harand		
E 12. Name	· Jangaro	Other conditions	ww.
13. Birthplace  14. Maiden name.  15. Birthplace.	, mi	(Include pregnancy within 3 months of death)	
14. Maiden name.	eir.		
0 0 0	1 Sul	Major findings of operations	
7// 1	2000		of op
16. Intermant Mary and	MILLO	Antopsy results.	d he should statistically
Address H / H of to face - 17. Date thereof	St. Name De So	PHYSICIAN: Please underline the cause to which death should	
Amiale	March 30 1816	22. VIOLENCE: If death was due to external causes, fill in the fo	llowing;
(Dunia) anomation or namoral Which?)	(month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory and hurry	1	Where did injury occur?	nty) (State)
Carried - Ille (B)	eilea mid		
Location	LE Way I'M	Injured at home, farm, industry, public place (where?)	
18. Funeral director VIII a. Cal	Lusser 4× on	Means of Injury injured	at work?
B.111 - 1011	Tund	11/10/1	00
Address Chrynell	my ;	23 SIGNATURE CRUICA F	ly MS
mar. 29 647 a.	2. Jewis m	· A. 2/	M. D. or other
(Date rec'd by registrar)	Registrar	Address / June al / elle	Date signed

APR 2 1947
BUREAU

02915

#### CERTIFICATE OF DEATH

			,	0	50	
D	Dist	No		8	2	

	Reg. Dist. No.
1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F. M. a. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH Word 28 19 7, 21 3 P M  21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. , to
8. AGE: Years Months Days It less than one day  50 12	Poisoning by Carpon Mongxide  Due to
10. Usual occupation.  11. Industry or business  12. Name 11. Name	Other conditions
14. Malden name 18 15. 8:rthplace North East (Sm.)  16. Informant Mary Charles Tourstville Com.	Major findings of operations
17. (Burlal, cremation, or remain). Which?)  Cemetery or crematory	22, VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur? (City or town)  Injured at home, farm, Industry, public place (where?)
18. Funeral director.  Address Vasce de House Md.  18. Tww. 3   19 45 A. J. Lewis Tw. D. Registrar  Registrar	Means of Injury Turned on gas store Injured at work? no  A din District Medical Examina  23. SIGNATURE:  Horora County  M. D. or other  Address Beld in net Medical Me

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly VS A15

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